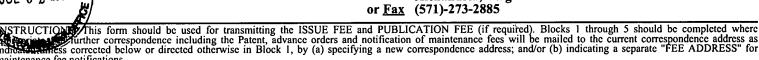
## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				(c) Transmittal This	certificate cant	not he used fo	domestic mailings of the r any other accompanying t or formal drawing, mus
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01 FC:1501 1400 02 FC:1504 300	0.00 DA 0.00 DA			fune $25$ , $290$	<u>UX</u>		(Signature)
APPLICATION NO.	0 00 00 FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DO	CKET NO.	CONFIRMATION NO.
10/065,897	10/065,897 11/27/2002		Mark E. Addis	EH-10713(04-532)		4-532)	5298
TITLE OF INVENTION:	BRUSH SEAL WITH A	ADJUSTABLE CLEAR	ANCE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL	FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700		07/19/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
HARTMANN, GARY S		3671	016-355000	_			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Bachman & LaPointe				
			THE PATENT (print or ty	• •			
PLEASE NOTE: Unlo recordation as set forth (A) NAME OF ASSIG		fied below, no assignee letion of this form is NO	data will appear on the pT a substitute for filing an (B) RESIDENCE: (CIT)			elow, the do	cument has been filed for
United Tec	hnologies Cor	Hartford, Co	ctford, Connecticut				
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛚 Cor	poration or othe	er private grou	p entity Government
4a. The following fee(s) a    X   Issue Fee   Y   Publication Fee (No.   X   Advance Order - #	o small entity discount p	<ul> <li>b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 21-0279 (enclose an extra copy of this form).</li> </ul>					
	SMALL ENTITY statu	s. Sec 37 CFR 1.27.	☐ b. Applicant is no lon				
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Typed or printed name	Barry L. K	elmachter		Registration No	o29,	999	· · · · · · · · · · · · · · · · · · ·
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